

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

526029

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		(1)				
4	C	C				
5	1					
6	1					
7						
8						
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26	1					
27	C	C				
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
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46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	13					
TOTAL CLAIMS	17					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						